

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>LE</i>		<i>10-2-59</i>
O.I.P.E. CLASSIFIER		<i>15</i>	<i>10-2-59</i>
FORMALITY REVIEW	<i>E. HA</i>	<i>60125</i>	<i>10/15/59</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	<i>10/15/59</i>
2	<i>10/15/59</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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